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## **The provision of generalist and specialist palliative care for patients with non-malignant respiratory disease in the North and Republic of Ireland: a qualitative study.**

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**Background/aims:** Potential models of palliative care for patients with COPD and interstitial lung disease have been previously highlighted amongst international research and key strategic guidelines. However, these recommendations are often not effectively implemented in clinical practice and are void of guidance regarding bronchiectasis, another form of non-malignant respiratory disease. This research aimed to explore generalist and specialist palliative care for people with non-malignant respiratory disease and their bereaved carers in the North and Republic of Ireland.

**Methods:** Qualitative study involving convenience sample of 17 bereaved carers and 18 healthcare professionals recruited from rural and urban sites in the North and Republic of Ireland. Data was collected between March 2012 and October 2013 and consisted of semi-structured interviews with bereaved carers of patients with non-malignant respiratory disease; and 4 focus groups with healthcare professionals. Data were analysed using thematic analysis.

**Results:** Findings highlighted the lack of a clear model of holistic care delivery for patients with non-malignant respiratory disease, and illuminated the varying levels of palliative care provision across two European health jurisdictions. Additionally, ambiguity amongst healthcare professionals regarding prognostication illuminated the importance of the provision of palliative care being needs based.

**Discussion:** This research developed a potential model of holistic care which may help healthcare professionals introduce palliative care, and specialist respiratory care, early in the disease trajectory of non-malignant respiratory disease, whilst also encouraging the involvement of specialist palliative care for complex symptom management.

**Conclusion:** Future care to patients with non-malignant respiratory disease must acknowledge the important role of palliative care and generalist providers must have access to specialist input, and advice when needed. This research provides an important insight into a potential model of palliative care for this client group which is inclusive of bronchiectasis. However, the feasibility of integrating this model into clinical practice requires further exploration.